AMENDMENT TRANSMITTAL LETTER							Docket No. 08211/0200237-US0/P0550	
Application No.		Filing I		Examiner		Art Unit		
10/643,457-Conf. #4123		August 19, 2003		J. P. Leubecl		ker	3739	
pplicant(s): Bria	n Lester Halla	et al.						
vention: SENSC	R CONFIGUR	ATION FOR A	A CAPSULE	ENDOS	COPE			
	тс	THE COMMI	SSIONER FO	OR PATI	ENTS			
Transmitted here	with is an ame	ndment in the	above-identif	ied appli	cation.			
The fee has beer	r calculated an	d is transmitte	d as shown b	elow.				
	1 01-1	1	S AS AMENI	DED		П		
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate			
Total Claims	5	- 26 =	0	X	50.00		0.00	
Independent Claims	1	- 6 =	0	X	200.00		0.00	
Multiple Depend	lent Claims (ch	eck if applicabl	le)			8		
Other fee (pleas		OR THIS AME	NDMENT:	· · · · · · · · · · · · · · · · · · ·			0.00	
x Large Entity			-	s	Small Entity	1		
x No additiona	al fee is require	d for this ame	ndment.	_				
	ge Deposit Acc			n the am	ount of \$	<del></del>	•	
	ne amount of \$		to cover	the filing	n fee is end	closed		
	credit card. Fo				g 100 10 0111	J. 5 5 5 4 .		
× The Director	is hereby auth	norized to char	ge and credit			No04	-0100	
	ny overpaymer							
x Charge a	any additional fil	ing or application	on processing	fees requ	uired under	37 CFR 1.	16 and 1.17.	
John W/Branci	h			[	Dated:	October 2	24, 2006	
Attorney/Agent	Reg. No.: 41,	633						
DARBY & DAR P.O. Box 5257								
New York, New (206) 262-8906		0257						